JCN Journal of Clinical Nursing

Journal of
Clinical Nursing

REVIEW

Discharge planning in mental health care: an integrative review of the literature

Intansari Nurjannah, Jane Mills, Kim Usher and Tanya Park

Aims and objectives. To identify the evidence base related to discharge planning in the context of acute and community mental healthcare service provision to ascertain the need for future research.

Background. Discharge planning is an important activity when preparing consumers to transition from hospital to home. The efficiency of discharge planning for consumers living with a mental health issue can influence both the number of future readmissions to acute-care facilities and their quality of life at home.

Design. An integrative review of the peer-reviewed literature.

Method. This review uses specific search terms and a 21-year time frame to search two key nursing databases CINAHL (Cinahl Information Systems, Glendale, CA, USA) and PSYCHINFO (American Psychological Association, Washington, DC, USA) for research reports investigating the substantive area of enquiry. Hand searches of reference lists and author searches were also conducted. Nineteen peer-reviewed journal articles met the inclusion criteria for this review.

Results. Research findings about discharge planning for people living with a mental health issue identify the importance of communication between health professionals, consumers and their families to maximise the effectiveness of this process. The complexity of consumer's healthcare needs influences the discharge planning process and impacts on aftercare compliance and readmission rates. There is a limited amount of research findings relating to differences between health professionals and families' perceptions of the level of information required for effective discharge planning, and the appropriate level of involvement of individuals living with a mental health issue in their own discharge planning. Results from this integrative review will inform future research related to this topic.

Conclusion. Discharge planning for consumers living with a mental health issue involves many stakeholders who have different expectations regarding the type of information required and the necessary level of involvement of people living with a mental health issue in this process.

Relevance to clinical practice. Comprehensive discharge planning can result in reduced readmissions to both acute and community mental health services. Understanding the impact of effective communication on the outcomes of discharge planning is an important step in promoting success.

Key words: communication, discharge planning, mental health, readmission

Accepted for publication: 25 January 2013

Authors: *Intansari Nurjannah*, BSN, MNSc, PhD Candidate, School of Nursing, Midwifery and Nutrition, James Cook University, Cairns, Qld; *Jane Mills*, PhD, RN, BN, MN, MEd, GradCertEdu, FACN, Associate Professor, School of Nursing, Midwifery and Nutrition, James Cook University, Cairns, Qld; *Kim Usher*, PhD, RN, BA, DipHSc, MNSt, FACN, FACMHN, Professor of Nursing, School of Nursing, Midwifery and Nutrition, James Cook University, Cairns, Qld; *Tanya Park*, PhD, BSNc, GDipMHN, MMid, GCTT, RN, EMHN, EM, Deputy Head of School and Senior Lecturer, School of Nursing, Midwifery and Nutrition, James Cook University, Cairns, Qld, Australia

Correspondence: Jane Mills, Associate Professor, School of Nursing, Midwifery and Nutrition, James Cook University, Cairns Campus, PO Box 6811, Cairns, Qld 4870, Australia. Telephone: +61 (07) 40421548.

E-mail: jane.mills@jcu.edu.au

Introduction

The aim of this integrative review is to identify the evidence base related to discharge planning in the context of acute and community mental healthcare service provision to identify the need for future research. Discharge planning for individuals living with a mental health issue is defined as 'a process for identifying and organising the service and connections a person with mental illness, substance abuse, and other vulnerabilities will need when leaving an institutional or custodial setting and returning to the community' (Backer *et al.* 2007, p. 2230). The term 'comprehensive discharge planning' is used to refer to the explicit inclusion of collaborative arrangements between multidisciplinary inpatient and outpatient teams (Simons & Petch 2002, DeForge & Belcher 2005). These healthcare teams meet frequently and include both affected individuals and their carers or families (Simons & Petch 2002) in planning for discharge.

Steffen *et al.* (2009) conducted a systematic review and meta-analysis of discharge planning in mental health care that supports the implementation of this process in practice. A limitation of that systematic review and meta-analysis is that it only includes research findings from randomised controlled trials, controlled clinical trials and cohort studies. The integrative review reported here includes both quantitative and qualitative research findings, to offer a more comprehensive position on the issues associated with discharge planning in both acute and community mental health care by including the findings of qualitative studies investigating the issue.

Aims

The aim of this integrative review is to identify the evidence base related to discharge planning in the context of acute and community mental health service provision. The specific questions answered were as follows:

1 What is known about discharge planning in the context of acute and community mental health care?
2 What is known about consumer involvement in discharge planning?
3 What is known about stakeholder involvement and expectations?

Opportunities for further research in this substantive area of enquiry will be discussed.

Methods

A systematic search of CINAHL and PSYCHINFO was conducted using the years 1990 and 2011 as limiters. This time frame was chosen based on an increase in the literature in the 1990s due to the progression of deinstutionalisation worldwide. The authors acknowledge that the conception of deinstutionalisation commenced in the USA in the late 1960s and then progressed throughout mainstream mental health services, leading to the development of community mental health services. As different databases recognise different key words, the base term 'discharge planning' was combined with database-specific terms as outlined in Table 1.

The search strategy was further limited to articles in English that were peer-reviewed. The following inclusion crite-

Table 1 Search terms

Terms suggested in CINAHL and used by researcher 'Discharge Planning' OR 'Planning Discharge' AND	The number of articles	Terms suggested in PSYCHINFO and used by researcher Discharge Planning AND	The number of articles
Emergency service, psychiatric	0	Community mental health	133
Hospital psychiatric	2	Community mental health centers	12
Community mental health nursing	7	Community mental health services	43
Community mental health services	3	Hospital psychiatric units	6
Schizophrenia	27	Mental disorders	178
Mental disorders	52	Mental health services	413
Mental disorders chronic	8	Mental hospitals	25
Psychotic disorders	3	Mental illness	192
Organic mental disorders, psychotic	0	Psychiatric hospital discharge	72
		Psychiatric hospitalisation	78
		Psychiatric hospitals	55
		Psychiatric patients	168
		Psychiatric units	54
		Psychiatry	546
		Psychosis	51
		Schizophrenia	167

ria were applied to 304 retrieved full-text research reports, as a method of screening for inclusion in the final data set for analysis:

1 Related to discharge planning in the context of mental health service provision;
2 Related to the process of discharge planning or the impact of discharge planning in either acute or community settings;
3 Explores the concept of discharge planning from the perspective of mental health professionals, affected individuals and/or their families.

In total, 17 articles were identified using this process, while tracing descendant citations of each of these resulted in two additional articles, therefore, included in this integrative review are 19 articles concerning discharge planning in the context of mental health care in both acute and community settings. Each of the 19 articles was appraised using the CASP critical appraisal checklist (Burls no date). The following PRISMA flow chart (Fig. 1) illustrates the process of selection used and includes the return numbers from each search.

Results

The final synthesis included 19 articles (see Table 2). A summary of each of the 19 journal articles including year of publication, the aim of the study, country of origin, the research design used and sample size is presented in Table 2.

Key findings from the synthesis of the final data set include the following: the impact of communication on the process of discharge planning, the importance of identifying consumers' needs in discharge planning and the influence of complex consumer's needs on the discharge planning process. Additional findings include the following: the impact of discharge planning as measured by consumers' aftercare compliance, health status and readmission rates is another important finding. Also identified is the link between how affected individuals, their families and levels of understanding are addressed during the process of discharge planning with their levels.

Communication is the most important aspect of the discharge planning process for individuals living with a mental health issue (DeChillo 1993, Olfson *et al.* 1998, Naji *et al.* 1999, Williams 2004). Over time, research con-

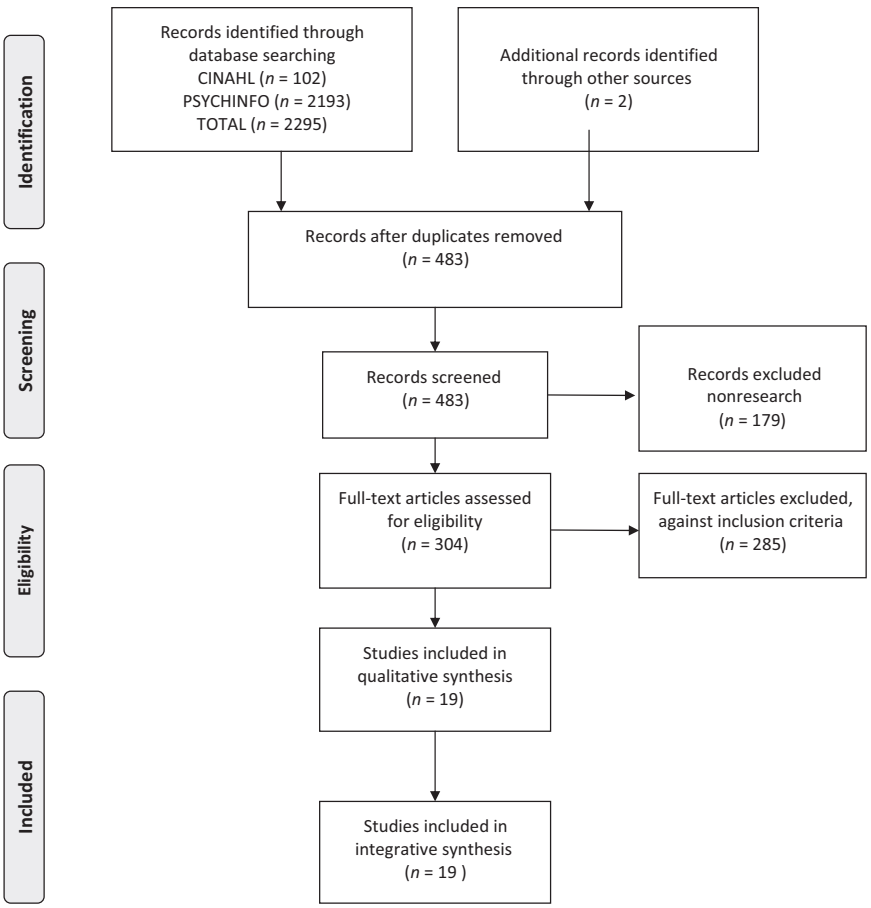

Figure 1 PRISMA flowchart.

Table 2 Summary table of studies included in this integrative review

#	Author (year)	Aim of the study	Country	Research design	Sample size
1	Brasic *et al.* (2002)	To test the reliability of the Discharge Planning Quality Rating Survey as a tool to predict the successful community placement of persons with mental retardation and other development disabilities	USA	Quantitative design	(n = 89)
2	Caton (1995) Psychiatric services	To identify the differences between homeless men and never-homeless men in psychiatric treatment history, patterns of service use and adequacy of discharge planning.	USA	Interview	(n = 200)
3	Cleary *et al.* (2005)	To explore consumers and carer's perception related to the information and resource needs in adult mental health services.	Australia	Qualitative interview	(n = 407)
4	Cleary *et al.* (2003)	To explore consumers perception related to nursing care and discharge planning.	Australia	Questionnaire	(n = 45)
5	Cohen *et al.* (1997)	To examine factors that help determine the match between psychosocial needs and the hospital's discharge plan of hospitalised consumers through The Mount Sinai Discharge Planning Inventory (MSDPI)	USA	Quantitative design	(n = 494)
6	Cooper & McLees (2001)	To find the gaps in service provision and to compare the needs identified through Cardinal Needs Schedule and those identified at discharge planning.	UK	Interview	(n = 22)
7	DeChillo (1993)	To understand the collaboration between mental health consumer's family and social worker	USA	Quantitative design	(n = 122)
8	Fernando *et al.* (1990)	To examine the relationship between a number of demographic, psychiatric and treatment variables and the length of time consumer was maintained in the community following discharge from hospital	Ontario	Quantitative design. Data were abstracted from the clinical chart.	(n = 70)

Table 2 (Continued)

#	Author (year)	Aim of the study	Country	Research design	Sample size
9	Gantt *et al.* (1999)	To evaluate the effort to overcome impediments to securing needed posthospital care and support	USA	Quantitative design	(n = 494)
10	Jensen *et al.* (2010)	To compare the effectiveness of discharge planning services between hospital-based setting and community-based setting	Canada	Interview	(n = 36)
11	Naji *et al.* (1999)	To understand the effect of the discharge model incorporated telephoning the consumer's general practitioner (GP) and arranging a GP appointment for consumers	UK	Randomised controlled trial	(n = 343)
12	Olfson *et al.* (1998)	To understand the impact of consumer communication with outpatient physician before they discharge to service utilisation and psychiatric symptoms.	USA	Interview, survey	(n = 104)
13	Olfson & Walkup (1997)	To explore the efforts and strategies used by inpatient clinicians to help schizophrenic consumers in the process of transition from hospital to community life	USA	Interview, survey	(n = 53)
14	Perreault *et al.* (2005)	To explore the preference and satisfaction of psychiatric consumers and their relatives with family involvement in discharge planning	Canada	Questionnaires	(n = 98) psychiatric inpatients and (n = 40) consumers' relatives
15	Puschner *et al.* (2011)	To test the needs-oriented discharge planning and monitoring/NODPAM	Germany	Randomised control trial	(n = 491)
16	Sledge *et al.* (2008)	A pilot study to evaluate a discharge planning intervention for consumer with a history of readmission	USA	Quasi-experiment	(n = 31)
17	Sung *et al.* (2004)	To explore predischarge psychoeducational needs of psychiatric inpatients and their relatives compared with the perception of their needs by mental health professionals	Taiwan	Descriptive study	(n = 300) (100 inpatients, 100 relatives, 100 mental health professionals)

Table 2 (Continued)

#	Author (year)	Aim of the study	Country	Research design	Sample size
18	Williams (2004)	To investigate the discharge planning process and short-term outcomes for consumers discharged from a general psychiatry unit	Toronto, Canada	Interview	(n = 100)
19	Brunero *et al.* (2009)	To describe consumer satisfaction regarding quality of care, staff, environment and discharge in inpatient mental health setting	Australia	Survey	(n = 70)

ducted in the USA shows high-level communication between social workers and families is crucial to: family involvement in discharge planning (DeChillo 1993, Williams 2004), completion of outpatient referral processes and assurance of continuity of care in outpatient programmes (Olfson *et al.* 1998). Findings from a randomised controlled trial support the importance of programmes in the UK that involve telephone communication between secondary- and primary-care providers before the affected individual is discharged as a method for reducing readmission rates (Naji *et al.* 1999).

The process of discharge planning requires healthcare professionals to identify individual needs to create an appropriate plan for discharge into the community (Gantt *et al.* 1999, Cooper & McLees 2001). One study compared different individual's needs identified before and after discharge using the *Cardinal Needs Schedule*. Results of that study show that only three of 22 consumers have exactly the same needs at the time of discharge and beyond (Cooper & McLees 2001). The study identifies how the disparity in projected and actual needs results in a deficit of care postdischarge into the community.

Several articles explore how the complexity of a consumer's mental health issues influences discharge planning. Caton (1995) argues that homeless men with the triple disorders of schizophrenia, substance abuse and antisocial personality are less likely to receive adequate discharge planning as compared to homeless men living with only two of these disorders. Williams (2004) found that individuals living with a mental health issue who are younger and less symptomatic receive more discharge planning services than older consumers with longer histories.

Two studies tested instruments measuring the quality of discharge planning processes. The Discharge Planning Quality Rating Survey (DPQRS) predicts the successful placement of a person with mental retardation and other developmental disabilities in the community (Brasic *et al.* 2002), while the *Mount Sinai Discharge Planning Inventory* (MSDPI) evaluates the discharge planning process (Cohen *et al.* 1997) through measuring relevant posthospital care and support. A study conducted by Brasic *et al.* (2002) shows that the DPQRS is a valuable tool to predict the successful community placement of individuals who are mentally retarded, while Cohen's evaluative study (1997) found that The Mount Sinai Discharge Planning Inventory provides a useful method to systematically evaluate the discharge planning process.

In the articles reviewed; aftercare compliance, health status and readmission rates are common variables used to measure the impact of discharge planning on the well-being of individuals living with a mental health issue. Discharge planning was found to increase aftercare service utilisation (Olfson *et al.* 1998, Naji *et al.* 1999). However, a later study conducted by Puschner *et al.* (2011) shows no impact of discharge planning interventions on the frequency of consumers accessing outpatient services. Puschner *et al.* (2011) finding could be attributed to the research design where data were collected over a period of 18 months compared with the previous studies in which data were collected over three months (Olfson *et al.* 1998) and six months (Naji *et al.* 1999).

Mental health status outcomes are mainly divided into two categories in the literature: quality of life and levels of symptomatology. A consistent finding in both studies examining the impact of discharge planning on the quality of life of consumers (Olfson *et al.* 1998, Puschner *et al.* 2011) was that it made little difference. Studies investigating the impact of discharge planning on levels of symptomatology in consumers (Olfson *et al.* 1998, Naji *et al.* 1999, Puschner *et al.* 2011) showed inconsistent results.

Discharge planning was found to have an impact on reducing readmission rates in four studies (Fernando *et al.* 1990, Naji *et al.* 1999, Sledge *et al.* 2008 and Jensen *et al.* 2010). However, two further studies contradicted these results (Olfson *et al.* 1998, Puschner *et al.* 2011). The Puschner *et al.* (2011) study found discharge planning did not have an impact on readmission rates. However, as previously stated, the length of time over which this study was conducted, a period of 18 months, could have affected the results because the effect of discharge planning on rehospitalisation decreases over time (Caton *et al.* 1984). A second study conducted by Olfson (1998) shows no difference in readmission rates between affected individuals who communicated with outpatient clinicians before they were discharged and those who did not.

Studies investigating affected individuals and their families' feelings and understanding of discharge planning reveal a link between the quality and quantity of information and other resources provided and the level of involvement of affected individuals, carers and families. High-quality information is also linked to levels of satisfaction with the discharge planning process.

Findings from two studies indicate differing perspectives about the information required by stakeholders involved in the discharge planning process (Sung *et al.* 2004, Cleary *et al.* 2005). One study found a difference between how carers and affected individuals prioritised the information they needed predischarge (Cleary *et al.* 2005), with carers wanting more information than is given to individuals as part of their discharge planning process (Cleary *et al.* 2005). Sung *et al.* (2004) also found that mental health professionals, individuals and their relatives have different opinions about what information should be delivered before the consumer is discharged.

Four studies showed different levels of stakeholder involvement in the discharge planning process over time (Olfson & Walkup 1997, Cleary *et al.* 2003, 2005, Brunero *et al.* 2009). In an early study, there is evidence that health professionals did not involve individuals and their family in the process of discharge planning (Olfson & Walkup 1997). However, in a more recent study, Cleary *et al.* (2003) found that the majority of affected individuals (81% $n = 45$) consider their involvement in discharge planning to be appropriate. A further study by Cleary *et al.* (2005) found that many carers (35% $n = 50$) were not contacted by health professionals and provided with the opportunity to be involved in discharge planning. Although four studies explored affected individuals' involvement in discharge planning, only one study explores in detail the issue of family involvement in discharge planning (Perreault *et al.* 2005). Perreault *et al.* (2005) found activities to be undertaken and appropriate housing were the two important issues in which family needs to be involved during the discharge planning process.

In a number of recent studies, the majority of respondents, both affected individuals and families, indicate satisfaction with the discharge planning process (Williams 2004, Cleary *et al.* 2005, Perreault *et al.* 2005, Brunero *et al.* 2009). In two studies, however, the level of individual satisfaction with discharge planning is significantly higher than their family or carer's satisfaction with the process (Cleary *et al.* 2005, Perreault *et al.* 2005). Findings show that satisfaction in discharge planning drops when there is no contact between health professional staff and family regarding discharge (Perreault *et al.* 2005) and that although satisfaction with discharge planning is related to both psychosocial and service factors, there was no viable model that predicts satisfaction with discharge planning in mental health services (Williams 2004).

Discussion

Discharge planning from psychiatric and mental health facilities is a complex activity as the characteristics of mental health conditions are generally different from other illnesses (O'Sullivan 1986). European research studies show that mental disorders impact on affected individuals' ability to work with poor quality of life more commonly than on people with chronic physical disorders (Alonso *et al.* 2004). Schizophrenia, for example, is often viewed as a lifelong and recurrent mental illness where a pessimistic outlook predominates (Bellack 2006). Due to the ongoing and chronic nature of mental health conditions, discharge planning processes must be optimised to ensure consumers have every chance of success. Mental health nurses work closely with affected individuals and their families in both acute and community settings and have the ability to influence discharge planning activities. Effective discharge planning can be considered as a bridge between acute and community settings resulting in continuity of care with the aim of optimising consumer outcomes. The importance of the discharge planning process is supported by the Ottowa Charter for Health Promotion (WHO 1986) that outlines the importance of partnerships and environmental support to a person's mental health.

One study finds that the closure of large mental health institutions has challenged traditional mental health nursing roles (Fourie *et al.* 2005). This study indicates that the important roles of mental health nursing since deinstitutionalisation cover several aspects such as assessment, stabilisa-

tion of symptoms and discharge planning (Fourie *et al.* 2005). This article shows that discharge planning has become increasingly important since the introduction of community-based care due to the deinstitutionalisation movement.

Findings from this integrative review of the literature indicate communication is the most important factor in effective discharge planning, even though the methods or model can be different. It is clear that the ways in which stakeholders are involved in discharge planning and communicate with each other have not been explored in detail resulting in a gap in the evidence base that warrants further research (Sung *et al.* 2004, Cleary *et al.* 2005).

The importance of communication in mental health nursing has been identified in another study of nurse practitioners in the psychiatric/mental health field (Wortans *et al.* 2006). Therapeutic communication is considered the foundation of mental health nursing as it enables consumers to become empowered in their life through understanding their own needs (McAllister *et al.* 2004). A recent study by Wortans *et al.* (2006) reported the importance of effective communication between the consumer and the NP (nurse practitioner) in the mental health field, highlighting those consumers considered the longer consultation, treatment in the home environment and provision of information as important aspects of the discharge process. Wortans *et al.* (2006) went on to report that consumers identified the importance of an enhanced perception of quality of care and treatment due to their interactions with the mental health nurse practitioners.

The importance of communication with families also needs to be recognised. A lack of communication between clinical staff and families also has an impact on families' level of satisfaction with the discharge planning process (Perreault *et al.* 2005). Conversely, it has been found that optimal communication helps to increase aftercare utilisation for consumers living with a mental health issue (Olfson *et al.* 1998, Naji *et al.* 1999).

Findings from this integrative review show a correlation between individuals and family members' levels of involvement in discharge planning (Olfson & Walkup 1997, Cleary *et al.* 2005, Brunero *et al.* 2009) and their level of satisfaction with the process (Cleary *et al.* 2005, Perreault *et al.* 2005). As well, these studies identify a mismatch between the type and amount of information families need at the point of discharge and the information that mental health professionals actually provide. For example, consumers showed interest in learning more about managing common problem, while mental health professional were more concerned with suicidal thought and coping with (Sung *et al.* 2004). Such a mismatch indicates that the priorities identified by the healthcare practitioners are not necessarily the priorities of families. This mismatch of priorities can result in unmet needs for information and assistance.

Interestingly, four of the studies found no obvious pattern of the impact of discharge planning on reducing readmission rates (Fernando *et al.* 1990, Naji *et al.* 1999, Sledge *et al.* 2008, Jensen *et al.* 2010). However, there seems to be some conflicting findings regarding the importance of discharge planning in preventing readmissions. These studies reported differing results in readmission rates. For example, four studies (Fernando *et al.* 1990, Naji *et al.* 1999, Sledge *et al.* 2008, Jensen *et al.* 2010) found that discharge planning has an impact of reducing readmission, while two studies (Olfson 1998, Puschner *et al.* 2011) reported the opposite result. These inconsistencies maybe attributed to the time period of measurement and the disparity in outcome measurement tools used to identify consumer's level of symptomatology.

Although discharge planning appears to influence whether consumers use aftercare (Olfson *et al.* 1998, Puschner *et al.* 2011) and reduces readmission rates in some cases (Fernando *et al.* 1990, Naji *et al.* 1999, Jensen *et al.* 2010), it does not influence consumer's quality of life (Olfson *et al.* 1998, Puschner *et al.* 2011). This may be because discharge planning is aimed at providing links to assist in transitioning care from hospital to community often focusing on housing requirements, rather than treatment of mental illness (Backer *et al.* 2007). The quality of treatment and also the accessibility of services are important factors after consumers are discharged and have returned to their family and community. This assertion is supported by research (Marcussen *et al.* 2010) that concludes access to mental health services, especially counselling in outpatient services, has a positive effect on consumers' quality of life over time. Quality of life is also influenced by the level of stress consumers are exposed to postdischarge (Erik *et al.* 2006). In addition, both stressor and protective factors in the social interactions of consumers have an impact on their mental health status (Pilgrim 1997), which means that even though discharge planning can be designed correctly, the continuity of care after consumers are discharged is more important in influencing the quality of life of individuals with mental health issues.

An understanding of the identified gaps of communication among stakeholders and the different outcome measures used in the studies should influence future research design of dis-

charge planning processes, with all stakeholders acknowledged as having an important role in the process of transitioning affected individuals back into their community. This integrative review has highlighted that there is a need for further research to explore the causes of communication problems and to determine how improved stakeholder communication during the discharge planning process may benefit affected individual's future health outcomes.

Limitations of this review

There is currently no gold standard for good discharge planning. Having no benchmark makes it difficult to evaluate and compare the quality of discharge planning among the articles.

The limitations of the review include the exclusion of papers that were non-research papers and papers not written in English. It is possible that these papers could include information that could inform the review.

Conclusion

This integrative review highlights the need for further studies of the process of discharge planning for individuals living with a mental health issue. Further research is required to identify the factors that influence the quality of communication in the discharge planning process and to identify how to increase the levels of stakeholder involvement in discharge planning processes with the aim of increasing their levels of satisfaction.

Relevance to clinical practice

Discharge planning in mental health care is a process of identifying affected individual's needs in the transition back to their community. Mental health conditions are a chronic disease often requiring long-term care. Affected individuals need to be at the centre of discharge planning; however, their carers and family also need to play a bigger role in the discharge planning process as they are responsible for providing continuity care at home.

Contributions

Study design and data collection: IN; data analysis and interpretation: IN, JM, KU and manuscript preparation: IN, JM, KU, TP.

Conflict of interest

The authors declare no potential conflict of interest related to the authorship and publication of this article.

References

Burls A (no date) *Critical Appraisal Skills Programme: Making Sense of Evidence*. Available at: http://www.casp-uk.net/ (accessed 10 December 2012).

Alonso J, Angermeyer MC, Bernert S, Bruffaerts R, Brugha TS, Bryson H, de Girolamo G, de Graaf R, Demyttenaere K, Gasquet I, Hro JM, Katz SJ, Kessler RC, Kovess V, Lepine JP, Ormel J, Polidori G, Russo LJ, Vilagut G, Almansa J, Arbabzadeh-Bouchez S, Autonell J, Bernal M, Buist-Bouwman MA, Codony M, Domingo-Salvany A, Ferrer M, Joo SS, Martinez-Alonso M, Matschinger H, Mazzi F, Morgan Z, Morosini P, Palacin C, Romera B, Taub N & Vollebergh WAM (2004) Disability and quality of life impact of mental disorders in Europe: results from the European study of the epidemiology of mental disorders (ESEMedD) project. *Acta Psychiatrica Scandinavica* **1009**, 38–46.

Backer TE, Howard EA & Moran GE (2007) The role of effective discharge planning in preventing homelessness. *Journal of Primary Prevention* **28**, 229–243.

Bellack AS (2006) Scientific and consumer models of recovery in schizophrenia: concordance, contrasts, and implications. In *Schisophr Bull*. Oxford University Press, Oxford, pp. 432–442.

Brasic JR, Kisnad HV, Leven LI, Nettleton JW, Arzola JL & Zhou Y (2002) Quality assurance of the community placement of institutional residents. *German Journal of Psychiatry* **5**, 95–114.

Brunero S, Lamont S & Fairbrother G (2009) Using and understanding consumer satisfaction to effect an improvement in mental health service delivery. *Journal of Psychiatric and Mental Health Nursing* **16**, 272–278.

Caton CLM (1995) Mental health service use among homeless and never-homeless men with schizophrenia. *Psychiatric Services* **46**, 1139–1143.

Caton C, Goldstein JM, Serrano O & Bender R (1984) The impact of discharge planning on chronic schizophrenic patients. *Hospital and Community Psychiatry* **35**, 255–262.

Cleary M, Horsfall J & Hunt GE (2003) Consumer feedback on nursing care and discharge planning. *Journal of Advanced Nursing* **42**, 269–277.

Cleary M, Freeman D, Hunt GE & Walter G (2005) What patients and carers want to know: an exploration of information and resource needs in adult mental health services. *Australian and New Zealand Journal of Psychiatry* **39**, 507–513.

Cohen N, Gantt AB & Sainz A (1997) Influences on fit between psychiatric patients' psychosocial needs and their hospital discharge plan. *Psychiatric Services* **48**, 518–523.

Cooper M & McLees S (2001) Can we prevent readmission? Needs for care and gaps in service provision. *Behavioural and Cognitive Psychotherapy* **29**, 497–500.

DeChillo N (1993) Collaboration between social workers and families of patients with mental illness. *Families in Society* **74**, 104–115.

DeForge BR & Belcher JR (2005) The longitudinal discharge planning and treatment model (LDPTM): part 2. *Social Work in Mental Health* **3**, 33–61.

Erik DM, Fons JT, Guus LVH, Jolanda D & Paul PH (2006) The relationship between stress and quality of life in psychiatric outpatients. *Stress and Health* **22**, 249–255.

Fernando ML, Velamoor VR, Cooper AJ & Cernovsky Z (1990) Some factors relating to satisfactory post-discharge community maintenance of chronic psychotic patients. *The Canadian Journal of Psychiatry/La Revue Canadienne de Psychiatrie* **35**, 71–73.

Fourie WJ, McDonald S, Connor J & Bartlett S (2005) The role of the registered nurse in an acute mental health inpatient setting in New Zealand: perceptions versus reality. *International Journal of Mental Health Nursing* **14**, 134–141.

Gantt AB, Cohen NL & Sainz A (1999) Impediments to the discharge planning effort for psychiatric inpatients. *Social Work in Health Care* **29**, 1–14.

Jensen E, Chapman P, Davis A, Forchuk C, Seymour B, Witcher P & Armstrong D (2010) An evaluation of community-based discharge planning in acute mental health care. *Canadian Journal of Community Mental Health* **29**, 111–124.

Marcussen K, Ritter C & Munetz MR (2010) The effect of services and stigma on quality of life for person with serious mental illnesses. *Psychiatric Services* **61**, 489–494.

McAllister M, Matarasso B & Dixon B (2004) Conversation starters: re-examining and reconstructing first encounters within the therapeutic relationship. *Journal of Psychiatric and Mental Health Nursing* **11**, 575–582.

Naji SA, Howie FL, Cameron IM, Walker SA, Andrew J & Eagles JM (1999) Discharging psychiatric in-patients back to primary care: a pragmatic randomized controlled trial of a novel discharge protocol. *Primary Care Psychiatry* **5**, 109–115.

Olfson M & Walkup J (1997) Discharge planning in psychiatric units in general hospitals. In *Improving Inpatient Psychiatric Treatment in an Era of Managed Care* (Mechanic D ed.). Jossey-Bass, San Francisco, CA, pp. 75–85.

Olfson M, Mechanic D, Boyer CA & Hansell S (1998) Linking inpatients with schizophrenia to outpatient care. *Psychiatric Services* **49**, 911–917.

O'Sullivan B (1986) Discharge planning for the mentally disabled. *Quality Review Bulletin* **12**, 55–67.

Perreault M, Tardif HLN, Provencher HLN, Paquin GV, Desmarais J & Pawliuk N (2005) The role of relatives in discharge planning from psychiatric hospitals: the perspective of patients and their relatives. *Psychiatric Quarterly* **76**, 297–315.

Pilgrim D (1997) Some reflections on 'quality' and 'mental health'. *Journal of Mental Health* **6**, 567–576.

Puschner B, Steffen S, Volker KA, Spitzer C, Gaebel W, Janssen B, Klein HE, Spiessl H, Steinert T, Grempler J, Muche R & Becker T (2011) Needs-oriented discharge planning for high utilisers of psychiatric services: multicentre randomised controlled trial. *Epidemiology and Psychiatric Science* **20**, 181–192.

Simons L & Petch A (2002) Needs assessment and discharge: a Scottish perspective. *Journal of Psychiatric and Mental Health Nursing* **9**, 435–445.

Sledge WH, Dunn CL & Schmutte T (2008) Surprising predictor of rehospitalization. *Psychiatric Services* **59**, 577.

Steffen S, Koster M, Becker T & Puschner B (2009) Discharge planning in mental health care: a systematic review of the recent literature. *Acta Psychiatrica Scandinavica* **120**, 1–9.

Sung S-C, Hixson A & Yorker BC (2004) Predischarge psychoeducational needs in Taiwan: comparisons of psychiatric patients, relatives, and professionals. *Issues in Mental Health Nursing* **25**, 579–588.

Williams CC (2004) Discharge planning process on a general psychiatry unit. *Social Work in Mental Health* **2**, 17–31.

World Health Organization (WHO) (1986) *Ottowa Charter-Achieving Health for All: A Framework for Health Promotion*. WHO, Copenhagen.

Wortans J, Happell B & Johnstone H (2006) The role of the nurse practitioner in psychiatric/mental health nursing: exploring consumer satisfaction. *Journal of Psychiatric and Mental Health Nursing* **13**, 78–84.